

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR



849042

DATE RECEIVED

Name of Offering {
Filing Under (Check box(es) that apply):
A. BASIC IDENTIFICATION DATA I. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Cypress Growth Fund, LLC Address of Executive Offices (Number and Street, City, State, Zip Code) 188 The Embarcadero, Suite 420, San Francisco, California 94105 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Grif different from Executive Offices) Brief Description of Business Ownership and leasing of capital equipment Type of Business Organization Corporation Corp
1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Cypress Growth Fund, LLC Address of Executive Offices (Number and Street, City, State, Zip Code) 188 The Embarcadero, Suite 420, San Francisco, California 94105 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Grid different from Executive Offices) Cypress Growth Fund, LLC Thom: Telephone Number (Including Fundament) Telephone Number (Including Area Code) Telephone Number (Including Area Code) Telephone Number (Including Area Code) Type of Business Organization Corporation imited partnership, already formed
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Cypress Growth Fund, LLC Address of Executive Offices (Number and Street, City, State, Zip Code) 188 The Embarcadero, Suite 420, San Francisco, California 94105 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Brief Description of Business Ownership and leasing of capital equipment Type of Business Organization limited partnership, already formed other (please specify): Limited Liability
Cypress Growth Fund, LLC Address of Executive Offices (Number and Street, City, State, Zip Code) 188 The Embarcadero, Suite 420, San Francisco, California 94105 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Grief Description of Business Ownership and leasing of capital equipment Type of Business Organization Corporation I limited partnership, already formed Thom: Telephone Number (Including Area Code) Limited Liability
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Ownership and leasing of capital equipment Type of Business Organization corporation
Type of Business Organization corporation
corporation limited partnership, already formed other (please specify): Limited Liability
business trust limited partnership, to be formed Company
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) GENERAL INSTRUCTIONS
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U 77d(6).
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securand Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the day which it is due, on the date it was mailed by United States registered or certified mail to that address.
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed mu photocopies of the manually signed copy or bear typed or printed signatures.
Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any chathereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix not be filed with the SEC.
Filing Fee: There is no federal filing fee.
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have ado ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount is a state of the control of the securities of the securities and the securities of t
accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a pathis notice and must be completed.

appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the

filing of a federal notice.

(C)		A. BASIC I	DENTIFICATION DATA		
2. Enter the information re					
Each promoter of t	he issuer, if the iss	uer has been organized	within the past five years;		
Each beneficial ow	ner having the pow	er to vote or dispose, or	direct the vote or disposition	of, 10% or more of	f a class of equity securities of the issuer.
Each executive off	icer and director o	f corporate issuers and o	of corporate general and ma	naging partners of	partnership issuers; and
		f partnership issuers.			
		<u> </u>			<u></u>
Check Box(es) that Apply:	Promoter	Beneficial Owne	r Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Cypress Equipment Man	agement Corpor	ation IV			
Business or Residence Addre 188 The Embarcadero, S					
Check Box(es) that Apply:		Beneficial Owner	r 📝 Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Harwood, Stephen Roge	rs				
Business or Residence Addre	ss (Number and	Street, City, State, Zip	Code)		
188 The Embarcadero, Si	uite 420, San Fra	ancisco, California 94	4105		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Park, Kenneth	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip	Code)		
188 The Embarcadero, S	uite 420, San Fr	ancisco, California 9	4105		
Check Box(es) that Apply:	Promoter	Beneficial Owner	r 🔽 Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Rael, Daniel					
Business or Residence Addre	ss (Number and	Street, City, State, Zip	Code)		
188 The Embarcadero, S	Suite 420, San F	rancisco, California 9	94105		
Check Box(es) that Apply:	Promoter	Beneficial Owner	r Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	r Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)			· · · · · · · · · · · · · · · · · · ·	
Business or Residence Addre	ss (Number and	Street, City, State, Zip	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owne	r Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip	Code)		
	(Use blan	nk sheet, or copy and us	se additional copies of this	sheet, as necessary)

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_	TI th		d a-daaat			11 to non o	annaditad i		this offer	in o?		Yes	No
1.	rias un	: ISSUET SOI	d, or does tl							=			X
า	Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?										s 35,	00.00	
2.											Yes	No	
3.	Does the offering permit joint ownership of a single unit?										E		
4.													
commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state													
or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
Ent			first, if indi			- Ion that		—————	/ .				<u>-</u>
		apital Corp		(Viduar)									
Bu	siness or	Residence	Address (N	lumber and	Street, C	ity, State, Z	Lip Code)						
			o, Suite 420		ncisco, Ca	lifornia 941	105						
Nai	me of As	sociated B	roker or De	aler									
Sta	tes in W	hich Person	n Listed Has	Solicited	or Intends	to Solicit	Purchasers	· · · · · · · · · · · · · · · · · · ·					
	(Check	"All State	s" or check	individual	States)			•••••				□ Al	l States
					[Ca]	[60]	[ठाँकी	[DE]	ക്ര	[***]	(टर)		
	AL IL	AK IN	AZ)	(AR)	C/A KY	CO)	CT ME	DE MD	DC MA	[FL] [MI]	GA) MN	HI MS	ID MO
	MT	NE	NV	NH	ĽИ	NM)	NY	NC	ND	OH	OK)	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	\overline{WY}	PR
Ful	l Name (Last name	first, if indi	ividual)									
			ssociates, l	-									
			Address (N				Zip Code)						
			roker or De						_			••	
1141	01 713	sociated B	TORE! OF DO	1101									
Sta			Listed Has										
	(Check	"All State	s" or check	indiviđual	States)						***************************************	☐ Al	l States
	ĄŁ	A/K	AZ	A/R	GA.	· 🐼	⊘ ↑	DE	DC	F ₂ C	G∕A	HN	ID
	UZ.	FX.	N	KS	KY	L/A	ME	MD	MA	MI	MN	MS	MO
	NYT	NE	NW	NH	NJ	NM.	NYY	NC	NO	(A)	QK.	ΘR .	RA I
	RI	SC	SAD	TN	TX	IJ T]	W	WA	WA	[WV]	WI	WY	[PR]
Ful	l Name (Last name	first, if indi	vidual)									
D.v.		- Dasidana	Address ()	lumbar on	d Street C	ity State	7in Code)						
Dus	siness of	Residence	. Addiess (i	vuilioci ali	u Sircei, C	ity, State, i	zip couc)						
Nar	ne of As	sociated B	roker or De	aler									
Cto	tan in Wi	hich Dosgos	Listed Has	. Calinitad	or Intende	to Solicit	Durahagara						
Sta			s" or check									[] All	l States
	<u> </u>												
	AL	AK	AZ	AR	CA)	[CO]	CT	DE	DC	FL	GA NANA	HI	[ID]
	IL MT	IN NE	IA NV	KS NH	KY NJ	[LA]	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt	\$	\$
	Equity	\$	\$
	Common Preferred		
	Convertible Securities (including warrants)	\$	S
	Partnership Interests	\$	\$
	Other (Specify Units of Limited Liability Company Membership Interests	30,000,000.00	s
	Total	00.000,000,00 <u>0</u>	\$_0.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		\$_0.00
	Non-accredited Investors	0	\$ <u>0.00</u>
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	N/A	\$
	Regulation A	N/A	\$
	Rule 504	N/A	\$
	Total		\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		s
	Legal Fees		\$
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$ 2,100,000.00
	Other Expenses (identify)		s
	Total		\$ 2,100,000.00

1	C. OFFERING PRICE, NUM	BER OF INVESTORS, EXPENSES AND U	SÉ OF PROCEEDS''	
	b. Enter the difference between the aggregate offe and total expenses furnished in response to Part C—proceeds to the issuer."	- Question 4.a. This difference is the "adjust	ted gross	\$
5.	Indicate below the amount of the adjusted gross preach of the purposes shown. If the amount for an check the box to the left of the estimate. The total oproceeds to the issuer set forth in response to Par	ny purpose is not known, furnish an estin f the payments listed must equal the adjust	nate and	
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		\$ 1,200,000	D.(
	Purchase of real estate			
	Purchase, rental or leasing and installation of made	chinery		 6
	and equipment			
	Acquisition of other businesses (including the valoffering that may be used in exchange for the assissuer pursuant to a merger)	lue of securities involved in this ets or securities of another		
	Repayment of indebtedness			_
	Working capital			_
	Other (specify): Other selling compensation			\$ 450,000.00
			 [] \$	_ []\$
	Column Totals			.00 \$ 26,700,000.0
	Total Payments Listed (column totals added)			27,900,000.00
	,	D. FEDERAL SIGNATURE		
sigr the	issuer has duly caused this notice to be signed by the ature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	mish to the U.S. Securities and Exchange redited investor pursuant to paragraph (b	Commission, upon writ)(2) of Rule 502.	Rule 505, the following ten request of its staff,
	er (Print or Type) oress Growth Fund, LLC	Signature	Date APR 2	3 2007
Nar	ne of Signer (Print or Type)	Title of Signer (Print or Type)		
Step	hen R. Harwood	President of Manager of Issuer		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification Yes No provisions of such rule? See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date APR 23 2007
Cypress Growth Fund, LLC	Call.	AFR & 3 2007
Name (Print or Type)	Title (Print or Type)	9 00 9 00 00 00 00 00 00 00 00 00 00 00
Stephen R. Harwood	President of Manager of Issuer	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX 2 3 1 Disqualification Type of security under State ULOE (if yes, attach Intend to sell and aggregate to non-accredited offering price Type of investor and explanation of offered in state amount purchased in State waiver granted) investors in State (Part C-Item 2) (Part E-Item 1) (Part B-Item 1) (Part C-Item 1) Number of Number of Accredited Non-Accredited LLC No Units Investors **Investors** Amount Yes No State Yes Amount \$30,000,000 0 AL\$0.00 X ΑK \$30,000,000 0 \$0.00 × X ΑZ \$30,000,000 0 X \$0.00 X \$30,000,000 X AR 0 \$0.00 X \$30,000,000 0 \$0.00 X CA X \$30,000,000 CO 0 X \$0.00 X \$30,000,000 0 CT X \$0.00 × DE X 0 \$0.00 X \$30,000,000 0 \$0.00 DC X \$30,000,000 × X 0 \$0.00 X \$30,000,000 FL × \$30,000,000 0 \$0.00 X GA \$30,000,000 HI x 0 \$0.00 X ID ΙL 0 \$0.00 × \$30,000,000 × ΙN \$30,000,000 0 X × \$0.00 X 0 × IΑ \$0.00 \$30,000,000 \$30,000,000 X 0 \$0.00 X KS KY \$30,000,000 \$0.00 × 0 X 0 \$30,000,000 X LA X \$0.00 \$30,000,000 ME × 0 X \$0.00 MD \$0.00 × 0 × \$30,000,000 0 \$0.00 X MA X \$30,000,000 0 \$30,000,000 X ΜI × \$0.00 \$30,000,000 X MN × 0 \$0.00 \$30,000,000 MS × 0 \$0.00

APPENDIX

l		2	3			4		5	
	to non-a	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)			under Sta (if yes, explana waiver	Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No	LLC Units	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО		×	\$30,000,000	0	\$0.00				×
МТ		×	\$200,000	0	\$0.00				х
NE		×	\$30,000,000	0	\$0.00				х
NV		×	\$30,000,000	0	\$0.00				×
NH									
NJ		×	\$30,000,000	0	\$0.00				x
NM		×	\$30,000,000	0	\$0.00				×
NY		×	\$30,000,000	0	\$0.00				×
NC		x	\$30,000,000	0	\$0.00				×
ND		×	\$30,000,000	0	\$0.00				X
ОН		×	\$30,000,000	0	\$0.00				×
ок		×	\$30,000,000	0	\$0.00				×
OR		×	\$30,000,000	0	\$0.00		-		×
PA		×	\$30,000,000	0	\$0.00				X
RI			·						
sc		×	\$30,000,000	0	\$0.00				×
SD		×	\$30,000,000	0	\$0.00				x
TN		×	\$30,000,000	0	\$0.00				×
TX		×	\$30,000,000	0	\$0.00				×
UT		×	\$30,000,000	0	\$0.00				×
VT		×	\$30,000,000	0	\$0.00				×
VA		×	\$30,000,000	0	\$0.00				×
WA		×	\$30,000,000	0	\$0.00				K
wv									
wi		×	\$30,000,000	0	\$0.00				×

APPENDIX										
1		2	3 Type of security		5 Disqualification under State ULOE (if yes, attach					
	to non-a investor	to sell ccredited s in State -Item 1)	and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				attach ation of granted) -Item 1)	
State	Yes	No	LLC Units	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY		×	\$30,000,000	0	\$0.00				×	
PR	W-T									

END